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CONFIRMATION NO. 1546

SERIAL NUMBER 09/935,966	FILING DATE 08/23/2001 RULE	CLASS 435	GROUP ART UNIT 1648	ATTORNEY DOCKET NO. 13099
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APPLICANTS

James J. Rahal, New York, NY;

** CONTINUING DATA *****

This appln claims benefit of 60/227,422 08/23/2000

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 09/24/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>	NY	2	16	4

ADDRESS

William D. Schmidt
 Kalow & Springut LLP
 19 th Floor
 488 Madison Avenue
 New York , NY
 10022

TITLE

Methods of ~~preventing or~~ treating West Nile virus and other infection

FILING FEE

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970

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 No. _____ for following:

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees (Filing)
<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
<input type="checkbox"/> 1.18 Fees (Issue)



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				INDEPENDENT CLAIMS 4
ADDRESS William D. Schmidt Kalow & Springut LLP 19 th Floor 488 Madison Avenue New York ,NY 10022				
TITLE METHODS OF TREATING WEST NILE VIRUS INFECTION				
FILING FEE RECEIVED 970	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	